

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10-019,699 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

CLAIMS	IND.	DEP.	IND.	DEP.	IND.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					